

|   |                                  |                          |                                 |
|---|----------------------------------|--------------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>       |                                  |                          | Docket No.<br>06727/100J782-US5 |
| Application No.<br>10/722,589-Conf. #5681 | Filing Date<br>November 25, 2003 | Examiner<br>M. Bockelman | Art Unit<br>3766                |

Applicant(s): Ehud Cohen et al.

Invention: TREATMENT OF DISORDERS BY UNIDIRECTIONAL NERVE STIMULATION

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED   |   |   |                                   |          |               |
|---|---|---|-----------------------------------|----------|---------------|
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate     |               |
| Total Claims  | 96  | - 96 =                                  | 0                                 | x 25.00  | 0.00          |
| Independent<br>Claims   | 4   | - 4 =                                   | 0                                 | x 100.00 | 0.00          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                    |   |   |                                   |          |               |
| Other fee (please specify): Extension for response within third month; Statutory Disclaimer |   |   |                                   |          | 575.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |          | <b>575.00</b> |

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 04-0100 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ Payment by credit card.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
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Dated: July 2, 2007

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